

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 641483**

1. Entity Name  
ROBERT E. O'NEIL, P.A.



Principal Place of Business  
2929 E. COMMERCIAL BLVD., STE 702  
FT LAUDERDALE, FL 33308

Mailing Address  
2929 E. COMMERCIAL BLVD., STE 702  
FT LAUDERDALE, FL 33308



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1954155

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

O'NEIL, ROBERT E.  
4900 N. OCEAN BLVD.  
#1415  
LAUDERDALE BY THE SEA, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000339035  
04/28/05-80057-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
O'NEIL, ROBERT E  
4900 N. OCEAN BLVD #1415  
LAUDERDALE BY THE SEA, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
O'NEIL, ROBERT E  
4900 N. OCEAN BLVD #1415  
LAUDERDALE BY THE SEA, FL 33308

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. O'NEIL

4/26/05 954-771-9501

Date

Daytime Phone #